

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM	1091	7/24
O.I.P.E. CLASSIFIER		10	7-27-00
FORMALITY REVIEW	CA	1009116	9/7/02
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/23/00
2	8/23/00
3	8/23/00
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49	8/23/00
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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